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PTO/SB/81 (09-03)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/671,274
Filing Date	September 25, 2003
First Named Inventor	Todd Condiff
Title	Communication Device Holder
Art Unit	3727
Examiner Name	Maerena W. Brevard
Attorney Docket Number	2510.000282/TLS

I hereby appoint

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Thomas Dean Simmons	30,976

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR


<input checked="" type="checkbox"/>	Firm or Individual Name	Thomas Dean Simmons				
Address		Roberts, Mlotkowski and Hobbes				
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Country		USA				
Telephone		713-552-1833	Fax	713-552-0110		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Collin House, CEO Harness Tek, Inc.		
Signature			
Date	4-27-04	Telephone	832-326-3360

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/871,274
Filing Date	September 25, 2003
First Named Inventor	Todd Condiff
Art Unit	3727
Examiner Name	Maerena W. Brevard
Attorney Docket Number	2510.000262/TLS

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ The address associated with
Customer Number:

OR

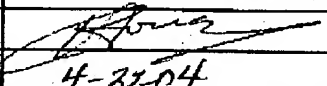
<input checked="" type="checkbox"/> Firm or Individual Name	Thomas Dean Simmons				
Address	Roberts, Mlotkowski and Hobbes				
Address	P. O. Box 22719				
City	Houston	State	TX	Zip	77227
Country	USA				
Telephone	713-552-1833	Fax	713-552-0110		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Colin House, CEO Harness Tek, Inc.		
Signature			
Date	4-27-04	Telephone	832-326-3360

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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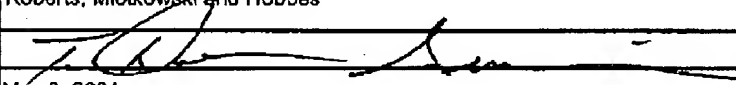
PTO/SB/21 (08-03)


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/871,274	
	Filing Date	September 25, 2003	
	First Named Inventor	Todd Condiff	
	Art Unit	3727	
	Examiner Name	Maerena W. Brevard	
Total Number of Pages in This Submission	3	Attorney Docket Number	2510.000282/TL6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	T. Dean Simmons Roberts, Mlotkowski and Hobbes
Signature	
Date	May 3, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	T. Dean Simmons
Signature	
Date	May 3, 2004

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